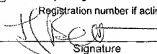


|   |            |  |             |
|---|------------|--|-------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2008</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |            | <b>Docket Number (Optional)</b><br>20239/0202145-US0 |             |
| Application Number      10/551,923-Conf #6192   |            | Filed                      October 3, 2005           |             |
| For      INDIUM PHOSPHIDE SUBSTRATE AND INDIUM PHOSPHIDE MONOCRYSTAL AND METHOD OF MANUFACTURING THEREOF  |            |  |             |
| Art Unit              1722  |            | Examiner              Hiteshaw, F.C.                 |             |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |            |  |             |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |            |  |             |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                              |             |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60   | \$ _____    |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$460      | \$230  | \$ _____    |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1050     | \$525  | \$ 1,050.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1640     | \$820  | \$ _____    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2230     | \$1115   | \$ _____    |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |            |  |             |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |  |             |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |  |             |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |            |  |             |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-0100</u> . I have enclosed a duplicate copy of this sheet. |            |  |             |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  |            |  |             |
| I am the <input type="checkbox"/> applicant/inventor.   |            |  |             |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95).  |            |  |             |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>44,528</u>  |            |  |             |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.   |            |  |             |
| Registration number if acting under 37 CFR 1.34 _____   |            |  |             |
| <br>_____<br>Signature   |            | _____<br>January 24, 2008<br>Date                    |             |
| _____<br>Thomas J. Bean<br>Typed or printed name  |            | _____<br>(212) 527-7700<br>Telephone Number          |             |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                                 |            |  |             |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted  |            |  |             |